

**EXHIBIT 5**



# Tyco Benefits

You're in **good** company.

## 2003 CONFIRMATION STATEMENT

October 25, 2002

This statement confirms benefit elections that are on file for you, based on your selections. Please review this statement carefully. These elections are in effect on the dates listed below unless your eligibility, family, or employment status changes.\*

### Your Benefit Elections

<u>Plans</u>	<u>Coverage</u>	<u>Effective Date</u>	<u>Your Deductions</u> <u>Per Pay Period</u>	<u>Annual</u>
Medical (pre-tax)	No coverage	Jul 1, 2000	\$0.00	\$0.00
Dental (pre-tax)	No coverage		\$0.00	\$0.00
Reimbursement Accounts (pre-tax)	Health Care	Jan 1, 2003	\$0.00	\$0.00
	Dependent Day Care	Jan 1, 2003	\$0.00	\$0.00
Supplemental Life Insurance	Employee - 1 x Annual Salary \$0**	Jan 1, 2003	\$0.00	\$0.00
	Spouse / Domestic Partner - No coverage	Jan 1, 2002	\$0.00	\$0.00
	Child / Children - No coverage	Jan 1, 2002	\$0.00	\$0.00
Personal and Family Accident Insurance	No coverage	Jul 1, 2000	\$0.00	\$0.00
Long-Term Disability	LTD Coverage	Jul 1, 2000	\$7.59	\$182.16
<b>Total Deductions</b>			<b>\$7.59</b>	<b>\$182.16</b>

Please verify that all benefit elections above and dependent information on Page 2 are correct. To make corrections, please contact your Human Resources Representative in writing within 7 days of receipt of this statement. Please retain this copy for your records.

I have received complete information regarding the Tyco benefit programs. I understand that I cannot change my pre-tax elections until the next annual enrollment period unless I experience a qualifying family status change. My elections serve as authorization for Tyco to deduct from my pay any required premium contributions for the benefits I have elected. I authorize Tyco, the carrier or their designated parties to review medical files as necessary for administration of the plan.

\*Refer to your Summary Plan Description for complete plan details.

\*\*Amounts above guaranteed issue amount are pended for carrier approval. See enclosed forms.

## Dependent Information

We currently have no dependents on file for you.

Every effort has been made to make the information in the enrollment materials and on this confirmation statement as accurate as possible. In the case of any discrepancy between the official plan documents and the information on this statement or in the enrollment materials, the official plan documents will always govern.

The benefits on this form for you and any dependents are effective only if you and each dependent are eligible for coverage, become covered and remain covered in accordance with the provisions of the applicable benefit plans including, but not limited to, any age and student requirements for dependent children. Please refer to your Summary Plan Description for the rules governing the eligibility for these plans.

Employee Social Security Number [REDACTED]

### Special Health Care Notice

Your Tyco health benefit plan includes coverage for certain reconstructive procedures following a mastectomy under the Tyco Medical Plan. The covered post-mastectomy services are: prosthesis, reconstructive surgery for the affected breast and, if required, additional reconstructive procedures to achieve bilateral breast symmetry, and medical procedures or service related to any post-surgical complications.

### Your Right to purchase Continuation Coverage under COBRA

If you and your eligible dependents, if any, are covered under one of the health plans listed on the front of this form, and if that coverage ends due to a "qualifying event," you and any covered dependents have the right to elect to continue the coverage for a limited time. You will be required to pay the full cost of the coverage plus an administrative fee. There are strict time limits for electing and paying for this coverage. You should read *For Your Benefits* (your Summary Plan Description) so you are aware of your complete rights and responsibilities under COBRA.

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